Our strategy
2020 to 2025

OUR VISION:
the very best care for every patient, every day
We have really brought our vision ‘the very best care for every patient, every day’ to life over recent years through the efforts and commitment of #TeamWestHerts.

Huge progress has been made to improve services for our patients; we moved out of ‘special measures’, won a range of national awards, reduced our vacancies and have seen our staff morale continue to rise.

We want to build on this. Our five year strategy sets out how we will continue our successful improvement journey and deliver national and local priorities for the NHS.

The strategy has been developed to help us steer a course at a time when the NHS is facing many challenges. Our local population is living longer and the number of patients with multiple conditions and complex health needs is increasing; the incidence of mental ill health in our community is rising and demand for emergency care continues to grow.

Whilst we get lots of positive feedback about our care, we know there is much still to do. Patients and their families tell us that care and support sometimes comes too late and can feel disjointed. And, in common with many other hospital trusts across the country, we have a financial deficit despite a good track record in making savings and efficiencies.

Pressure on the NHS and care services will continue and so we need to make changes – in collaboration with our partners – to the way we work to develop a local healthcare system which meets the future needs of our population and makes the best use of available resources. For example, we must build closer links with GPs, community healthcare providers and our other partners to improve our patients’ experience, providing earlier care and support, not just when a crisis point has been reached.

This strategy has been developed with input from a wide range of staff, stakeholders and patients. Its delivery will require similar collaboration; we are absolutely committed to working in partnership to create a local health and care system that is fit for the future and will deliver the very best care for every patient, every day.
OUR VISION:
the very best care for every patient, every day

Best care
- Make the best use of every pound
- Use data to improve care
- Develop our staff and look after our learners
- Help our population to be healthy

Best value
- Quality improvement drives everything we do

Great team
- Help our staff feel happy and supported at work
- Develop new and exciting roles and opportunities

Great place
- Major improvements to our hospital buildings
- Improve our IT and make the most of digital technology

Put patients and carers at the heart of everything we do

Communicate
- Involve and listen to our patients and staff

Be kind
- Help our staff feel happy and supported at work
- Support our volunteers to help our patients

Speak up
- Develop our research programme and support innovation

Help our population to be healthy
- Collaborate with partners to provide joined up care

West Hertfordshire Hospitals
NHS Trust

W A T F O R D F C

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West Hertfordshire Hospitals
NHS Trust
We provide services to a population of approximately 500,000 people living in Hertfordshire and north London. We run services from our hospitals at Watford, St Albans and Hemel Hempstead. We also provide services from a range of community settings across west Hertfordshire.

### About us

**Watford General Hospital (WGH)**

provides emergency care, with accident and emergency, inpatient services, an acute admissions unit, women’s and children’s services and a range of outpatient and diagnostic services.

**St Albans City Hospital (SACH)**

is a dedicated centre for planned surgery. It has a minor injuries unit, two surgical wards, an outpatients department and cancer and diagnostic services.

**Hemel Hempstead Hospital (HHH)**

provides urgent care, endoscopy, diagnostics, outpatient clinics and an inpatient ward.

**Jacketts Field**

in Abbots Langley, provides physiotherapy, orthotics and also offers private physiotherapy services.
National and local context

Our strategy should be considered against a backdrop of these documents, which have all informed how ours has evolved.

The NHS Long Term Plan published in 2019 and the NHS Five Year Forward View (2014) set the direction for health and care services over the next 10 years. The Hertfordshire and west Essex (HWE) Health and Care Strategy (2019) and ‘Your Care, Your Future’ (2014) set out our health system’s local strategies and plans for implementing the national vision.

Across the country NHS organisations, together with local authorities, are developing new ways of working to meet the challenges facing health and care services and deliver the ambitions in the NHS long term plan.

The Hertfordshire and west Essex Sustainability and Transformation Partnership (HWE STP) will become a more formal ‘Integrated Care System’ to support organisations to work together to achieve improved health outcomes, provide more joined up care for local residents and ensure that services are managed in the most cost effective way possible to meet the needs of the population.

At a local level, four integrated care partnerships (ICPs) are being developed; three are geographical – west Hertfordshire, east & north Hertfordshire, and west Essex – and one is specialist – the Hertfordshire-wide integrated care partnership for people with complex mental health needs.

Work is underway to develop the vision, aims, principles and priorities for the west Hertfordshire Integrated Care Partnership. The trust is playing a key leadership role in this work.

Hospitals are, in the main, responsible for meeting the health needs of people who are ill and need specialist care and treatment. Payment has been on a case-by-case basis, but in an ICP model we will share responsibility with partners for preventing ill health, enabling earlier diagnosis and treatment and ensuring care is joined-up. The way we are funded is changing to reflect this, with a move towards ‘fixed’ or ‘population’ budgets.

We will continue to be driven by wanting to provide the very best care for every patient, every day; but we will also need to think differently about how, where and when care is provided as we strive to improve health outcomes, reduce health inequalities and meet the health and care needs of local residents.
Our four key aims

Best Care
ensure our patients and their carers have a great experience of care

Best Value
deliver efficient care to make the best use of every NHS £

Great Team
great people and a great place to work and learn

Great Place
modern, fit for purpose estate and digital technology

We have developed four key aims to support the delivery of our vision – the very best care for every patient, every day.

This strategy summarises our key aims and priorities for the next five years. Working in partnership to deliver the new integrated care model is a key strand, reflected within each of the aims.

The strategy is underpinned by more detailed strategies and improvement plans. Some of these are currently being updated or are due to be updated in 2020. Several are updated on an annual basis.
## Key national strategies

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<th>Best value</th>
<th>Great team</th>
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## Key local strategies

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## Key WHHT supporting strategies and plans

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**Communications and engagement strategy (2020)**
Our quality ambition is to match the highest performing NHS hospitals. In some areas our performance is comparable, for example, on mortality and harm-free care indicators. But there are others where we can improve, such as performance against waiting time standards. **We want to ensure consistent high quality across everything we do, ensuring that our patients and their carers have a great experience of care.**

The best performing hospitals in the country have developed really strong safety and quality improvement cultures which support and enable all staff to reduce harm, learn from mistakes and improve care. We have started this work and have many areas of good practice and pockets of excellence. **Continuing to strengthen our quality improvement culture** across all our services and improving how we use data to **improve care is an essential element in delivering our ‘best care’ aim** over the next five years.

We will also continue to work with the Royal Free London and partners on the ‘Clinical Practice Group’ (CPG) programme. This brings clinicians together to design and systematically implement best practice ‘care pathways’ for common clinical conditions, continuously testing and improving design using in-depth monitoring and analysis. **In 2019, we began work on eight standardised best practice pathways and over the next five years we expect to implement another 40.**

Ensuring senior doctors, therapists and nurses are available every single day by implementing ‘seven day working’ also remains a priority, as does continuing to improve access in line with national waiting time standards for emergency care, planned care, cancer treatment and diagnostics.

Other priorities include **providing patients and their carers with choice, valuing them as active partners in decisions about their health and wellbeing**, supporting patients with additional needs (eg mental health, learning disabilities and vulnerable children) and continuing to improve end of life care.

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**Award recognises outstanding neonatal care**

Consultant neonatologist Dr Sankara Narayanan was named Clinical Practitioner of the Year in the Healthcare Quality Improvement Partnership’s 2019 audit heroes awards for leading a variety of quality improvements across the neonatal department. The work also encompassed the maternity team and clinicians from the Royal Free London.

Together they have achieved these fantastic improvements:

- 80% reduction in babies with hypoglycaemia admitted to the neonatal unit over the last two years (120 fewer admissions per year)
- Number of babies with necrotizing enterocolitis (NEC) down by 70% in 2018 compared to 2017
- Risks of early labour reduced by introducing a new medication protocol for pregnant women.
Providing the very best care for every patient every day doesn’t just mean providing great care for local people when they are ill and receiving treatment in one of our hospitals. We need to work to improve the health of our population, not just manage ill health.

We also need to join up care and constantly ask ourselves whether we can redesign care with local health and care partners, including voluntary sector providers, to make it more responsive, person-centred and better coordinated.

For people with complex needs or long term conditions we need to plan ahead more and actively support people to manage their own health conditions at home or in primary and community care settings, and by doing this, prevent - as far as possible - the need for hospital care.

Making every contact count

There are also real opportunities to improve outpatient care by ‘making every contact count’. We want to make outpatient care more convenient for patients and make the best use of the skills and time of our specialist clinicians by working more closely with local GPs and community providers and harnessing the potential of new digital technologies to transform how care is provided.

As part of this project, consultant paediatrician Dr Renton L’Heureux is now seeing patients weekly at the Manor View Practice in Callowland, North Watford, meaning parents don’t need to bring their children to hospital. Many of the conditions causing concern benefit from a specialist opinion but don’t always require a hospital setting. At present only children aged under 16 registered at participating practices can benefit from local sessions. The project is looking at the referral system in order to make it as streamlined as possible. Local GPs also gain learning points from referred patients on the most common clinical complaints in children which brings an educational element to the project.

Connecting Care in Children

Children don’t need always need to go to a hospital to see a hospital paediatrician, thanks to a new partnership project with Herts Valleys Clinical Commissioning Group.

Connecting Care in Children in West Hertfordshire is about joining up GP surgeries and Watford General Hospital in order to provide a more streamlined service linking GPs and paediatricians.

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Developing specialist care pathways

We also need to join up care between hospitals when more specialist interventions are needed or where neighbouring hospitals have clinical expertise or facilities that could benefit local residents. There are many examples of this already which work well but there are more opportunities to develop specialist care pathways that would benefit local people.

Equally we will continue to identify opportunities to develop our more specialist services, reducing the need for local people to travel out of area (e.g. into London) for care.

**BEST CARE CASE STUDY**

**When best care does not always mean local care**

Best care – for complex conditions or where highly specialist surgery is needed – does not always mean local care.

Our senior surgeons and their counterparts at Imperial College Healthcare NHS Trust identified a treatment option for patients needing gastro-intestinal surgery which provides high quality care and meets national guidelines.

This surgery – typically carried out to remove sections of the oesophagus due to cancer – should, according to guidelines, take place in centres comprising four to six surgeons who do more than 60 resections per year.

Neither team were meeting this requirement and it was proving difficult to deliver a ‘dual surgeon model’ (two surgeons present).

It was decided to locate the service at Hammersmith Hospital (managed by Imperial) for these reasons; it has a new oesophago-gastric cancer surgical centre (opened in 2019); post-operative patients are cared for on a specialist ward; the service is led by a renowned specialist in this field; and the site is a teaching hospital and also carries out research.

Pre and post-operative outpatient appointments are still provided locally; it is just the surgery that has moved, affecting about one person a week who would previously have been operated on in Watford.

**BEST CARE CASE STUDY**

**State of the art cardiac imaging suite**

Our new cardiac MRI and CT suite is a real game-changer!

Now that we have top-of-the-range MRI and CT scanners together, we can see many more patients including those who would previously have gone to other hospitals for highly specialised scans.

The standard of cardiac imaging at Watford General Hospital has taken a quantum leap and the numbers of patients benefitting from this new facility mean that the suite is now one of the highest volume units of this type in the country.

Since launching in 2017 the team has carried out over 4,500 cardiac CT procedures and over 2,400 cardiac MRI procedures. In 2018/2019 we delivered over 2,000 cardiac CTs and over 1,000 cardiac MRIs.

We are one of only 40 NHS trusts to use non-invasive ‘HeartFlow’ technology which produces a colour-coded 3D model of a patient’s coronary arteries. This incredible level of detail provides vital information about each blockage.

As well as being able to treat patients who would previously have had to go elsewhere, the other benefit is that the scans are so detailed that our patients are spared further – and possibly more invasive – testing. It’s a win win!
We will do more to engage local people and our patients in improving services. People who have experience of the care we provide can make a real contribution by helping us to design new service models that better meet the needs of local people. We want to move from ‘communication’ and ‘engagement’ towards ‘co-production’. A patient’s ‘pathway’ or programme of care is often provided by a number of organisations and so we are working with local partners to embed this approach into our new integrated care partnership, sharing skills and resources and developing a joint approach to help us do this really well.

Developing new service models

Promote a quality improvement culture, providing training and support to our staff so that they have the skills to turn great ideas into real improvements in care for our patients.

Work with the Royal Free London Clinical Practice Group programme to design and implement a minimum of 40 standardised best practice clinical pathways, improving outcomes and reducing variation in care.

Develop a new clinical strategy that sets out

- future service models across our hospital sites
- to develop our services to reduce the need for local residents to travel elsewhere for care that we could provide locally
- work with neighbouring hospitals to improve care for local residents where they have specialist skills and expertise that can benefit our patients

Our updated clinical strategy will inform our hospital redevelopment plans (see Aim Four – ‘Great place’)

Work with partners to jointly agree priorities for the west Hertfordshire Integrated Care Partnership and reflect these into our clinical strategy and improvement plans for:

- Maternity, children and young people
- Planned care and outpatient transformation
- Urgent and emergency care
- Mental health
- Frailty and end of life care

Work with partners to strengthen how we engage with patients and the public in our quality improvement and service transformation work, developing and embedding a culture of ‘co-production’.

Work with partners to ensure that, together, we are using data in the most effective way to support new care models and meet the needs of the population.

Annually update our ‘Quality Account’ publishing a report on progress and setting out in detail our quality and safety priorities and actions for the year ahead.

The ‘orange hat’ project for babies who need additional care is part of the clinical practice group (CPG) work we have been doing with the Royal Free London. The hats mean that these babies get timely observations, blood sugar tests and extra support to establish feeding so that mothers and babies can stay together. The idea has proved very successful and helps our medical teams easily identify the babies who need extra care.
We want to be one of the best acute hospital trusts in England for:

- **Mortality** (SHMI & HSMR): ‘as expected’ or ‘better than expected’ for HSMR and above national median for SHMI.

- **Avoidable harm** (harm free care): continuous improvement and better than national average for new pressure ulcers, falls with harm, new venous thromboembolism, urinary tract infections (in patients with a catheter) and E. coli.

- **Access to care** (national waiting time standards): continuous improvement and top 25% of hospitals for emergency department 4 hour waits, 18 week referral to treatment and diagnostic waiting time and above national median for cancer two week wait, 62 day treatment and the new faster diagnosis standard (maximum 28 days to communication of definitive cancer/not cancer diagnosis).

**How will we measure success?**

Our annual quality account, service delivery improvement plan/integrated care partnership plan and updated clinical strategy will set out in more detail actions to deliver our ‘best care’ aim.

**We want to significantly improve our patients’ experience of care**

- **Patient experience**: improve our scores on the Friends and Family Test and national patient survey result to above the national median.

We will continue to be driven by wanting to provide the very best care for every patient, every day; but we will also need to think differently about how, where and when care is provided as we strive to improve health outcomes, reduce health inequalities and meet the health and care needs of local residents.
Every day, 365 days a year, we spend more than £1m delivering our services. We need to be confident that we are making the best possible use of this money for the benefit of local people and ensure financial strength and stability for our hospitals.

In common with many hospital trusts up and down the country, our costs significantly exceed our income, despite a good track record in meeting our annual cost improvement targets and delivering more than £50m savings over the past four years.

Benchmarking data indicates that our costs are comparable to similar sized hospital trusts. However, our poor estate and IT and three site configuration make it more difficult for us to be as efficient as hospitals with more modern infrastructure.

Our plans to modernise our hospitals through investment in improving our buildings and digital technology are part of the solution and are set out in more detail under our ‘Great place’ strategic aim.

We know there is much more that can be done to make our services more efficient and in turn make the best use of every NHS £, even before investment in our estate and IT.

### Agency spend

- **Medical**
- **Non-Clinical**
- **Nursing**
- **Other Clinical**
- **Sci, Tech, Prof**

<table>
<thead>
<tr>
<th>Year</th>
<th>Trust Total</th>
<th>Medical</th>
<th>Non Clinical</th>
<th>Nursing</th>
<th>Other Clinical</th>
<th>Sci, Tech, Prof</th>
</tr>
</thead>
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<tr>
<td>2016/17</td>
<td>26,501</td>
<td>7,624</td>
<td>3,536</td>
<td>10,735</td>
<td>805</td>
<td>3,800</td>
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<tr>
<td>2017/18</td>
<td>18,455</td>
<td>5,931</td>
<td>721</td>
<td>8,118</td>
<td>982</td>
<td>2,703</td>
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<tr>
<td>2018/19</td>
<td>14,949</td>
<td>4,936</td>
<td>1,145</td>
<td>5,981</td>
<td>743</td>
<td>2,143</td>
</tr>
<tr>
<td>2019/20 Fcst</td>
<td>13,534</td>
<td>5,134</td>
<td>2,582</td>
<td>3,174</td>
<td>345</td>
<td>2,299</td>
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### BEST VALUE CASE STUDY

#### Making the best use of every pound

All individual budgets across the trust – pay and non-pay – have been scrutinised to identify savings. Our contracts with major suppliers have come under the microscope, resulting in sizeable cuts in expenditure. We have also worked hard to reduce energy expenditure and secure competitively priced goods and services.

Some of the most impressive savings have been delivered in agency staffing costs. In 2019 these were £15m – more than halved from 2016. This saving brings a double benefit; firstly, filling vacancies with permanent staff means that we cut costs, and secondly, we increase the continuity of care by having a higher ratio of permanent staff who can form strong teams.

Pursuing greater efficiency can also improve patient care. Switching appointments from in person to phone calls and putting as many ‘steps’ of the patient pathway together in one visit also saves clinical time as well as cutting the inconvenience for our patients.
We carried out an in-depth assessment to understand what drives our deficit. A combination of operational, structural (poor estates and digital infrastructure) and strategic (system wide) issues were identified.

We will use the findings to devise the longer term solutions required to get us to a financially balanced position. We will continuously update this plan over the coming years as we identify further opportunities to improve efficiency and value.

Historically, acute hospitals have been paid under an arrangement called ‘payment by results’ – receiving a payment for every outpatient attendance, surgical procedure and emergency attendance or admission.

In 2019 we agreed a new ‘guaranteed income contract’ with our main commissioner, Herts Valleys CCG, which fixes our income for the year. This is a big change and is intended to help both organisations plan with more certainty and focus on reducing the total cost of delivering care across all local organisations. We plan to build on this approach for future years; this is an important step towards the new ways of working that the proposed west Hertfordshire Integrated Care Partnership will bring.

What do we plan to do?

• Achieve ‘break-even’ by 2023

• Develop a multi-year strategy to eliminate our deficit and meet our agreed annual control totals (our agreed deficit figure set by regulators).

• Work with partners to identify opportunities to deliver the best overall value for every NHS £ for local people. This will be driven clinically but ensuring best value will be a key factor in decisions about changes to care models. New contract and payment arrangements will support this.

• Work smarter across the organisation to deliver cost efficiency savings of more than £50m over the next five years. (We will continue to use our clinically led quality impact assessment process to ensure that cost improvement plans do not adversely impact delivery of safe patient care).

• Improve how we plan and use our capacity as effectively as possible (maximising use of theatre and outpatient slots and making the best use of clinical staff time).

• Grow our specialist services and reduce the need for patients to travel out of area for care and improving value by delivering growth at marginal cost.

• Identify new opportunities for research and development and education and training funding.

• Raise - our hospitals charity - make best use of existing charitable funds and increase fundraising activity.

Saving time, saving money

Our gastroenterology team have introduced a telephone assessment service in line with the ‘straight to test’ national initiative, designed to reduce unnecessary outpatient appointments. Following a GP referral, a specialist nurse contacts the patient and goes through a detailed telephone assessment and then books the diagnostic test, which could include a scan or an endoscopy.
How will we measure success?

- Deliver our annual control totals and reach breakeven by 2023 (and publish this in our publically available board papers).
- Achieve a ‘cost per weighted activity unit’ that places us in the top 50% of acute trusts for efficiency (using the NHS Improvement Model Hospital metrics).

Measuring ‘value’ is more difficult than measuring ‘efficiency’ – for example we could deliver a surgical procedure, such as a foot amputation in a diabetic patient, in a very cost efficient way. However, it would be much better value if, through improved diabetic medical management, we can prevent the amputation altogether. We will work with partners through the new integrated care partnership to identify metrics that help us measure value as well as efficiency.

raise

BEST VALUE CASE STUDY

Raise – the charity that supports the trust – will play a bigger part in helping to deliver ‘best value’ by encouraging fund holders to be more active in their stewardship of funds to ensure that money donated is used to good effect. New ways of raising money and attracting new donors will increase the income and profile of Raise over the lifetime of this strategy.

Our ‘drivers of the deficit’ report, long term financial recovery plan, annual cost improvement plans and joint ‘service development and improvement plan’ will set out in more detail actions to deliver our ‘Best value’ aim.

Helen Farmer, paediatric oncology specialist nurse, with Chester Chest (a lifelike model of the human torso) which was gifted by a grateful patient and their family.

Jackie Fitzsimons, healthcare assistant, with new maternity cots. Jackie raised funds for the cots through the generosity of the community and local businesses.

Mavis Tyrwhitt from the League of Friends of Watford Hospital which kindly funded special ventilators that use air pressure to help open lungs.
Evidence shows that happy, engaged and well supported staff are more likely to deliver outstanding care. We want all our staff to feel a real sense of pride in being part of TeamWestHerts and to be an organisation that attracts and retains talented people who want to deliver outstanding care and have a growing reputation for being a great place to work.

Over the past five years we have worked hard to engage our staff and improve their satisfaction at work. We have significantly reduced vacancy rates, particularly in more junior nursing roles and have provided a range of support and development opportunities to encourage our staff to stay with us and ensure they have the skills and support to enable them to deliver great care.

We have also focused our efforts on promoting a positive, supportive, clinically led ‘team-working’ culture.

Our new ‘People Strategy’ sets out in detail our plans for the next five years. Team working and clinical leadership continue to be at the heart of our strategy.

We want to be known as an organisation that provides excellent education, training and professional development and to offer opportunities for more of our staff to be involved in research and development.

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**Great team**

We're incredibly proud to be named The Nursing Times ‘Best UK employer of the year’.

We were praised for implementing a wide range of measures to improve working life for staff, all with the aim of making our trust a great place to work. Among these are a successful nurse recruitment campaign; a raft of career development opportunities; reduced use of agency staff and numerous initiatives to raise levels of morale and engagement.

Staff from recruitment, nursing and communications have worked hard to attract enough nurses to fill the longstanding junior nurse vacancies in our adult inpatient wards, with the vacancy rate falling from 28% in 2016 to 0% in summer 2019.

There has also been a renewed focus on staff development, including hugely successful programmes to support newly registered nurses and midwives. With such busy jobs, we have focused heavily on wellbeing and our internal award scheme (called ‘Stars of Herts’) is a great way to celebrate our many unsung heroes. This genuine approach to wellbeing, engagement and recognition, combined with creating a culture where staff feel empowered to be innovative, has created a real buzz.
What do we plan to do?

Put clinical leadership at the forefront – support, develop and empower our clinicians, freeing up time for them to lead, not just internally but in helping to shape and deliver new integrated care models in partnership with colleagues across the health and care system.

Use the expertise of our disability and diversity staff to help us create a truly inclusive culture and actively value the ‘diversability’ of all staff, all the time. Deliver excellence in training, education and development for our staff and learners, achieving teaching trust status by the end of 2020.

Design new roles that support care delivery, fill workforce gaps and provide development and career opportunities for our staff, including making best use of the apprenticeship levy.

Expand our research and development activity so that more staff have the opportunity to be involved in research and more patients can benefit.

Support the health and wellbeing of our staff, giving real recognition to our people for great work (including a review of the benefits we provide to our people).

Collaborate with health and care partners to get the best outcomes and experience of care for local residents through the Hertfordshire and West Essex ‘One Workforce’ programme and our partnership with the Royal Free London.

Support our volunteers to help our patients through offering valuable and fulfilling volunteering opportunities. Our ambition is to double the number of volunteer hours donated for the benefit of patients over the next five years.

How will we measure success?

We want to be one of the best hospitals in England for staff engagement. We have already made great progress and so we have set ourselves this measure

To be in the top 20% of acute hospital trusts in the country for NHS national staff survey results

A baseline of current performance is set out on page 23.
As models of care change, with a focus on more joined-up, preventative care we need to work in partnership, through the Hertfordshire and West Essex ‘One Workforce’ programme and with organisations in neighbouring areas, to ensure our collective health and care workforce is able to meet future needs and adapt to the new ways of working.

Complications of diabetes can lead to a range of problems including – at the most extreme – foot amputation. Reducing the need for this and other symptoms has been the focus of the highly successful Herts Valleys Integrated Diabetes service. This service is led by us in partnership with Herts Community NHS Trust and Herts Partnership NHS Foundation Trust.

The team is made up of a range of health professionals whose aim is to help patients maintain the best foot health possible by increasing the education and support available to them and ensuring early treatment in the right place at the right time. Our joint diabetic foot service has helped achieve:-

- a reduction of unplanned hospital admissions for diabetic foot problems (as the main diagnosis) by 70% from 98 patients in 2016/17 to 29 patients in 2018/19
- a cut by more than half of the number of total bed days (in hospital) for this patient group from 1,313 bed days in 2016/17 to 571 bed days in 2018/19
- an increase in inpatients seen by a healthcare professional within 24 hours from 6% to 100%
- service provision across seven days, compared to limited access previously
- savings in 2018/19 of £200,000 across the health economy.

We have partnered with Community Health Eyecare Ltd (CHEC) since January 2019 to manage follow-up activity before final discharge back to the patient’s own GP or onward referral to secondary care where necessary.

Working with CHEC (which is a consultant-led service) has improved access to diagnostics and treatment, providing a ‘one-stop’ service where possible.

Nearly 5,000 virtual reviews were undertaken by CHEC between April - August 2019, resulting in 1,850 patients being transferred to the community service. This created hospital capacity for either 925 new patients or 1,850 follow ups (or a combination of the two), leading to a two week drop in waiting times.
We want to be a great place to receive care and to work, and have already described our strategic priorities to improve the quality of our clinical care and to recruit, retain, engage and support our staff.

We recognise that our poor estate and digital infrastructure has a negative impact on the experience of our patients and our staff. We are taking action to change this. Our ‘great place’ aim addresses this twin challenge – renewing and upgrading our buildings and IT so that both patients and staff can benefit from modern, fit for purpose care facilities.

We are very pleased that the need for investment has been recognised by the Government and that we are one of six hospital trusts in the first wave of the new national ‘health infrastructure programme’ (HIP). Our strategic outline case (SOC) published in July 2019 sets out our plans for a major rebuild and refurbishment of emergency care and specialist services at Watford General Hospital, and investment in planned surgical and cancer services at St Albans City Hospital and in planned medical services at Hemel Hempstead Hospital. Making rapid progress with our plans so that construction can start as soon as possible is a key priority; we aim to commence building work by 2023 at the latest.

Sustainability will be a key factor of our new buildings and is also something we are addressing and will continue to address during the life of this strategy. We aim to align our activities in support of the United Nations’ Sustainable Development Goals and we are developing plans to make our environment safe, resilient, sustainable and fit for the future. Recently, changes to our paper supply and the installation of low energy lighting are helping to reduce our carbon footprint. Additionally, an increase to locally generated power has reduced our dependence on grid-imported electricity. We will continue to pursue sustainable alternatives for consumables where it is safe and cost-effective to do so.

Our IT is also a source of frustration for staff and patients and does not enable us to take advantage of modern digital technology that can support more effective and efficient ways of delivering care.

In 2019 we moved to a new outsourced IT support provider and are working with them to make improvements to our IT infrastructure and improve how the support service responds to organisational needs.

We are committed to implementing a full, modern electronic patient record (EPR) as soon as possible – this will support improvements in our care, information sharing with partners to support joined up care and release time to care by reducing the administrative burden on our clinical staff.

Over the lifetime of this strategy we will develop a detailed business case for an EPR, and streamline our processes to get ready for implementation. The Royal Free London (RFL) - who have recently upgraded their EPR and opened the new Chase Farm Hospital as a fully paperless hospital - is supporting us in this project. We will learn from their experience and identify opportunities to fast track our improvement programme where possible.

We also plan to take immediate steps to improve how we store and manage our current paper medical records, a key step on the way to an EPR.
Investment in our estate and digital technology needs to go hand in hand – we want our buildings and digital technology to support best practice, efficient care and not inhibit it.

Our estate and digital transformation programme will be clinically-led and we are committed to involving local residents and patients in developing our plans. We will also work with other HIP hospitals to make sure we are learning from each other and from national and international best practice in estate and digitally enabled transformation.

In the meantime, we continue our work to ensure our buildings are maintained safely and to make improvements when urgently required to enable us to continue to deliver safe care. Our transitional estates plan sets out key priorities while we progress our long-term major redevelopment plans.

We will also continue to invest in improving our core IT infrastructure and will look for opportunities to use modern digital technology to improve care delivery. Priorities for the next five years include further improvements to our IT and telephony infrastructure and upgrades to key clinical systems.

The NHS Long Term Plan identifies significant opportunities to transform outpatient care models by using modern digital technologies.

We want to improve patient experience by making our appointment systems easier to access and more responsive – we know that our current appointment systems are frustrating for patients.

We also want to reduce the need for costly and time consuming (for patients and staff) face to face outpatient appointments where possible. We will do this through implementing IT-enabled patient tracking and information management systems that help us to deliver new care models and by making use of new clinical apps and other communication tools.

We will work with our partners to ensure that our IT systems ‘talk to’ each other so that, with the consent of patients, we can share data and support more effective care for patients across the whole health and care systems.

Improving our IT infrastructure

It’s not just our bricks and mortar that are being improved – our information technology (IT) is also undergoing an overhaul.

We moved to a new IT supplier (Atos) in 2019 and successfully transferred across to the wider NHS email system. And that’s just the start. Over the next five years we’ll see many improvements to our IT infrastructure and systems as part of an exciting digital transformation programme.

To begin with, we aim to upgrade our IT and telephony infrastructure to improve speed and reliability. This includes plans to install a new Local Area Network (LAN), which will provide robust and speedy connections across our estate. This will improve the IT experience for staff freeing up time to provide patient care.

There are also plans to completely overhaul our telephony, replacing it with a digital system which will be much more reliable and will make calls to the booking officer an altogether better experience for our patients. This is a major programme and will take up to two years to complete.

All of the above, together with a new EPR, will revolutionise how we work.

Digital technology is transforming healthcare, and so we are transforming our digital technology!
What do we plan to do?

- Finalise our plans for a major investment in our hospitals – aim to start building by 2023 at the latest.
- Continue to improve the safety and appropriateness of our estate in the short to medium term – including investment in fire safety, theatres improvement (WGH), diagnostics and urgent and emergency care.
- Complete our planned telephony upgrade to improve patient and staff experience.
- Upgrade our IT infrastructure to improve speed and reliability and significantly improve patient and staff experience, increasing efficiency and freeing up time to care. The programme includes: installing a new local area network, rolling out Windows 10 across our hospitals, upgrading our patient administration system (PAS) and implementing a patient portal.
- Develop plans and secure funding to implement an electronic patient record.
- Take immediate steps to improve how we store and manage our current paper medical records.
- Improve patient experience by making our appointment systems easier to access and more responsive.
- Work with partners to make sure our IT systems talk to each other so that we can share data and support more effective care for patients.
- Identify opportunities to use digital technology to improve patient experience, reduce unnecessary travel and make care easier to access and more efficient.

How will we measure success?

We will track the progress of our redevelopment programme against the timeline we have set - for building work to commence no later than 2023 - and will share information publically.

We will become paperless by 2025.

Our annual capital programme will set out in more detail our plans to improve estate and digital technology in the short to medium term.

Outline and full business cases for estate redevelopment and digital transformation/electronic health record implementation will be developed to enable us to secure substantial long term investment in our infrastructure and set out detailed delivery plans.
A well led organisation

Delivering our four strategic aims; **Best care, Best value, Great team** and **Great place** will require strong leadership, successful partnership working and good governance.

Over the past three years we have been working hard to build a culture of continuous improvement, to improve staff engagement, to develop clinical leadership and make sure we have strong governance to provide assurance from ‘ward to board’ that we are providing high quality, good value care and meeting our statutory duties.

Over the next five years we will continue to keep our leadership and governance arrangements under review to make sure they are working effectively and adapting appropriately to the new ‘integrated care partnership’ way of working.

Delivering our strategy

Our improvement programme will be organised under our four aims with the following key programmes of work monitored via board committees, with regular progress updates to the trust board:

<table>
<thead>
<tr>
<th>Best care</th>
<th>Best value</th>
<th>Great team</th>
<th>Great place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Improvement programme (Quality Account) &lt;br&gt; Quality committee</td>
<td>Long term financial recovery plan &lt;br&gt; Finance and Performance Committee</td>
<td>People Programme &lt;br&gt; People, Education and Research Committee</td>
<td>Digital transformation programme &lt;br&gt; Finance and Performance Committee</td>
</tr>
<tr>
<td>Integrated care Partnership/service development improvement Programme &lt;br&gt; Quality committee</td>
<td>Annual cost improvement plan &lt;br&gt; Finance and Performance Committee</td>
<td>Research and Development Programme &lt;br&gt; People, Education and Research Committee</td>
<td>Estate Transformation Programme &lt;br&gt; Finance and Performance Committee</td>
</tr>
<tr>
<td>Access Improvement Programme &lt;br&gt; Finance and Performance Committee</td>
<td>Raise – Charity strategy &lt;br&gt; Charity Committee</td>
<td></td>
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</tr>
</tbody>
</table>

**Communications and Engagement Strategy**<br>Trust Management Committee
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality (SHMI &amp; HSMR): ‘as expected’ or ‘better than expected’ for HSMR and better than national average for SHMI.</td>
<td>SHMI</td>
<td>100.56</td>
<td>100</td>
<td>100</td>
<td>‘As expected’ band 2</td>
<td>Better than national average</td>
<td>Aug 18 - July 19</td>
<td>IPR/IR FOSTER</td>
</tr>
<tr>
<td></td>
<td>HSMR</td>
<td>99.2</td>
<td>100</td>
<td>100</td>
<td>‘As expected’ or ‘better than expected’</td>
<td>Better than national average</td>
<td>Oct 18 - Sept 19</td>
<td>IPR/IR FOSTER</td>
</tr>
<tr>
<td></td>
<td>New pressure ulcers</td>
<td>0.5%</td>
<td>0.9%</td>
<td>National standard not available for this component of harm free care</td>
<td>National benchmark not available for this component of harm free care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Falls with harm</td>
<td>0.5%</td>
<td>0.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>New VTE</td>
<td>0.2%</td>
<td>0.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patients with catheter &amp; UTI</td>
<td>0.3%</td>
<td>0.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>E. coli</td>
<td>0.0%</td>
<td>data not available</td>
<td>40</td>
<td>data not available</td>
<td>25% reduction by 2021 = 30 50% by 2024 = 15</td>
<td>18-19</td>
<td>IPR</td>
</tr>
<tr>
<td>Access to care (national waiting time standards): continuous improvement and top 25% of hospitals for emergency department 4 hour waits, 18 week referral to treatment and diagnostic waiting time and better than national average for cancer two week wait, 62 day urgent GP referral to first definitive treatment and the new faster diagnosis standard (maximum 28 days to communication of definitive cancer / not cancer diagnosis).</td>
<td>A&amp;E</td>
<td>79.4%</td>
<td>79.8%</td>
<td>95%</td>
<td>2nd quartile</td>
<td>Top 25%</td>
<td>Dec 19</td>
<td>IPR</td>
</tr>
<tr>
<td></td>
<td>RTT</td>
<td>87.4%</td>
<td>84.4%</td>
<td>92%</td>
<td>2nd quartile</td>
<td>Top 25%</td>
<td>Dec 19</td>
<td>IPR</td>
</tr>
<tr>
<td></td>
<td>Diagnostic waiting times</td>
<td>99.7%</td>
<td>97.1%</td>
<td>99%</td>
<td>1st quartile</td>
<td>Top 25%</td>
<td>Dec 19</td>
<td>IPR</td>
</tr>
<tr>
<td></td>
<td>Cancer 62 day urgent GP referral</td>
<td>83.2%</td>
<td>77.7%</td>
<td>85%</td>
<td>3rd quartile</td>
<td>Better than national average</td>
<td>Dec 19</td>
<td>IPR</td>
</tr>
<tr>
<td></td>
<td>Cancer 2WW</td>
<td>96.9%</td>
<td>90.2%</td>
<td>93%</td>
<td>3rd quartile</td>
<td>Better than national average</td>
<td>Dec 19</td>
<td>IPR</td>
</tr>
<tr>
<td></td>
<td>FDS (2WW, breast symptomatic &amp; screening)</td>
<td>new standard data not available</td>
<td>new standard data not available</td>
<td>new standard data not available</td>
<td>new standard data not available</td>
<td>Better than national average</td>
<td>new standard data not available</td>
<td>new standard data not available</td>
</tr>
<tr>
<td>Patient Experience: improve our scores on the Friends and Family Test and national patient survey result to better than national average.</td>
<td>FFT - Inpatient % patient rate</td>
<td>95.8%</td>
<td>85.8%</td>
<td>95%</td>
<td>2nd quartile</td>
<td>Better than national average</td>
<td>Dec 19</td>
<td>IPR</td>
</tr>
<tr>
<td></td>
<td>FFT Maternity</td>
<td>93.3%</td>
<td>96.4%</td>
<td>95%</td>
<td>2nd quartile</td>
<td>Better than national average</td>
<td>Dec 19</td>
<td>IPR</td>
</tr>
<tr>
<td></td>
<td>FFT A&amp;E % positive</td>
<td>94.8%</td>
<td>84%</td>
<td>95%</td>
<td>4th quartile</td>
<td>Better than national average</td>
<td>Dec 19</td>
<td>IPR</td>
</tr>
<tr>
<td></td>
<td>FFT Outpatient % positive</td>
<td>94.1%</td>
<td>93.7%</td>
<td>95%</td>
<td>2nd quartile</td>
<td>Better than national average</td>
<td>Dec 19</td>
<td>IPR</td>
</tr>
<tr>
<td>Deliver our annual control totals and reach breakeven by 2023. Achieve a ‘cost per weighted activity unit’ that places us in the top 50% of acute trusts for efficiency (using the NHS Improvement Model Hospital metrics).</td>
<td>Cost per WAU</td>
<td>£3,546</td>
<td>£3,486</td>
<td>£3,486</td>
<td>3rd quartile</td>
<td>Top 50% of acute trusts for efficiency = 2nd quartile</td>
<td>2017-18</td>
<td>Model Hospital</td>
</tr>
<tr>
<td>We want to be one of the best hospitals in England for staff engagement and in top 20% of acute hospital trusts in the country for NHS national staff survey results.</td>
<td>Staff Survey Results</td>
<td>7.02</td>
<td>7</td>
<td>Top 20%</td>
<td>1st quartile</td>
<td>Top 20% of acute hospitals in England for staff engagement (NHS Staff Survey)</td>
<td>2018</td>
<td>National staff survey</td>
</tr>
</tbody>
</table>

| Current benchmark performance key | 1st quartile | Top 25% | Best | 2nd quartile | 3rd quartile | 4th quartile | Bottom 25% | Worst |
If you’d like to get in touch about this document, please contact the trust’s communications team on 01923 436280 or email: westherts.communications@nhs.net

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